

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/15/2014
NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4905 MELTON RD GARY, IN 46403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00139712.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the State Licensure Survey completed on 10/3/13. This visit included the PSR to the Investigation of Complaints IN00124248, IN00125465, IN00126667, IN00130454, IN00131905, and IN00134192 completed on 10/3/13.</p> <p>Complaint IN00139712-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Date: January 15, 2014</p> <p>Facility Number: 001140 Provider Number: 001140 Aim Number: N/A</p> <p>Survey Team: Heather Tuttle, RN, TC. Lara Richards, RN Yolanda Love, RN Cynthia Stramel, RN</p> <p>Census Bed Type: Residential: 134 Total: 134</p> <p>Census Payor Type: Other: 134 Total: 134</p> <p>Sample: 9</p> <p>Miller Beach Terrace was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00139712.</p>	R 000		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/15/2014
NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 4905 MELTON RD GARY, IN 46403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	Continued From page 1 Quality review completed on January 19, 2014, by Janelyn Kulik, RN.	R 000			